

2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G23401

Entity Name: CRISF, INC.

Current Principal Place of Business:

1607 PONCE DE LEON BLVD.
SUITE 201
CORAL GABLES, FL 33134

Current Mailing Address:

1607 PONCE DE LEON BLVD.
SUITE 201
CORAL GABLES, FL 33134 US

FEI Number: 59-2264514

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PELAYO, AMERICA MRS.
1607 PONCE DE LEON BLVD.
SUITE 201
CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PELAYO, AMERICA
Address 1607 PONCE DE LEON BLVD STE 201
City-State-Zip: CORAL GABLES FL 33134

Title VP, DIRECTOR
Name BOLANOS, GUSTAVO JOSE
Address 1607 PONCE DE LEON BLVD STE 201
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name CASTELLANOS, YOVANKA
Address 1607 PONCE DE LEON BLVD.
 SUITE 201
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY, DIRECTOR
Name PAIZ, FERNANDO
Address 1607 PONCE DE LEON BLVD.
 SUITE 201
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER
Name BOLANOS, FERNANDO
Address 1607 PONCE DE LEON BLVD.
 SUITE 201
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name GAMBOA, ARTURO
Address 1607 PONCE DE LEON BLVD.
 SUITE 201
City-State-Zip: CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMERICA PELAYO

PRESIDENT- GM

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date